

A close-up, profile view of a young woman with curly, light brown hair. She is smiling broadly, showing her teeth, and looking towards the left. She is holding a ripe peach with red and yellow skin in her right hand. She is wearing a light grey turtleneck sweater. The background is a bright, clear blue sky.

BENEFIT GUIDE 2021

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OUR VISION

To be first choice in the financial services sector, by offering excellent healthcare options based on choice, reliability, flexibility and value.

OUR MISSION

We will continue to create innovative products that fit all levels of current and future lifestyle demands, without compromise.

Our Fund Management Team welcomes you



André Smit
Chairperson (Bank Windhoek)



Elize Fahl
Principal Officer



Aileen Botha
Trustee (Bank Windhoek)



Elifas T. Kamati
Trustee (Bank of Namibia)



J.C. Kruger
Trustee (Bytes Technology)



Muhindua Kaura
Trustee (AgriBank)



Gerald Loubser
Trustee (Welwitschia Insurance Brokers)



Lea Namoloh
Vice Chairperson (Bank of Namibia)



Johan du Plessis
Trustee (First National Bank)



Helen Potgieter
Trustee (First National Bank)



Alfred Simasiku
Trustee (AgriBank)

Message From The Chairperson

As Chairperson of Bankmed Namibia Board of Trustees, it's my greatest pleasure to share important information with the members of Bankmed Namibia.

A circular portrait of André Smit, a man with a shaved head, wearing a dark suit, white shirt, and light-colored tie. He is smiling and looking towards the camera. The background of the circle is a solid blue color.

André Smit
Chairperson

The Fund experienced years of with higher than expected claims during 2019 and 2020. With a moderate medical inflation, the Board of Trustees took a decision to apply a weighted average increase of 6.9% in contributions with effect from 1 January 2021. NAMAF tariffs were increased by a weighted average pf 2.42% for 2021.

The Covid-19 Pandemic and Concerns

Following the outbreak of Covid-19 pandemic, the Government declared a State of Emergency and implemented measures to combat the spread of the virus. The Fund amended the benefits to assist in the fight against the pandemic. We urge our members to stay safe and follow the health requirements as we do not know how long this pandemic will last. All we know for sure is the significant impact it has on our lives, families and the economy. We will need to adapt to the new way of life.

Covid-19 Benefits

- Bankmed will pay for all tests done by members irrespective of whether the results are positive or negative;
- Rapid tests will be paid by Bankmed once this option becomes available with NAMAF determined and approved tariffs for the tests; and
- The treatment and hospitalization costs for members that test positive.

Healthcare Fraud, Waste and Abuse

Bankmed operates solely for the benefit of its members; therefore fraud, waste and abuse has a direct impact on the entire membership base of the Fund. Healthcare fraud, waste and abuse cost the healthcare industry millions, if not billions, every year. Health care fraud, waste and abuse inevitably translates into higher contributions and out-of-pocket expenses for members, as well as reduced benefits or coverage. Bankmed will continue to raise awareness in the member communication sessions and on the website. Members are therefore urged to make use of their personal Health SmartCard during all visits to health care providers and to act responsibly when utilising benefits and evaluate usage of benefits.

Methealth Tipoff Line

Methealth Namibia Administrators has a Fraud Tipoff Line, which is available 24/7, and callers may choose to remain anonymous. The hotline accepts tips and complaints from all sources on potential fraud, waste, abuse, and mismanagement in the medical aid industry.

To report suspected fraud or abuse, you can do any of the following:

- Call the Methealth Fraud Tipoff Line at 08 000 00001.
- Go to the Methealth website using the link [www.methealth.com.na /contact us](http://www.methealth.com.na/contact_us), and go to *Report Fraud/Irregularities*.

Availability of your Member Data and Bankmed information

If you have not yet registered on our website or downloaded the Bankmed mobile application, simply visit the website www.bankmed-namibia.com.na, and use your member number to create your own password. The mobile application is available on Google Play Store for Android phones and iOS devices. Access can be obtained with your membership number and your personal unique password. Your member benefits are available immediately.

The Fund will distribute copies of the 2021 Member Guide to all business units of your employer group for ease of reference. Or you can visit the Bankmed website at www.bankmednamibia.com.na.

The Board of Trustees, Principal Officer and Administrators continue to strive for improved benefits and the effective management of the Fund for the benefit of the members.

We thank you for your unrelenting support and look forward to another good year in 2021.

Yours Sincerely,





General Fund Information

Managed Healthcare

Services Offered

The Managed Healthcare Department is the market leader in providing professional healthcare service to Members and Funds administered by Methealth Namibia Administrators. Qualified professional nurses, pharmacists, pharmacist assistants, as well as medical and dental advisors enable the Administrator to provide excellent services to the Fund and its Members.

The Department offers the following services:

- Member and practice claims profile management,
- Ex Gratia case management,
- Medication Management Programme (Chronic Disease Management Programme and Drug Utilisation Review),
- Hospital Benefit Management (Hospital Admission Pre-authorisation, Case Management Programme and Retrospective Review),
- Roaming Case Management (review updates, length of stay and high cost cases in hospitals);
- Hospital bedside visit services,
- Dental Management Programme,
- Clinical auditing of claims, claims revision and

the subsequent identification of claims tendencies and questionable practices, and

- Pro-active management of high-cost cases by identifying high-risk patients.

HIV/AIDS Programme

As continuous and uninterrupted treatment is critical to infected individuals, this section of the Programme ensures optimum treatment for a full year within the allocated benefit per individual. To have the above-mentioned benefit, HIV/AIDS patients must register for the Programme as soon as possible. Please contact our AIDS Outreach Programme Case Managers via landline on 061 375 950.

AIDS Social Programme

Methealth Namibia Administrators and Bankmed Namibia have allocated a toll-free number that reaches our HIV/AIDS Counsellors directly. This makes the Programme accessible to all Members that are registered on the HIV Disease Management Programme. Toll-free number: 0800 00 7777.

Hospital Bedside Support

Bankmed Namibia offers specialised supportive bedside assistance for Members in hospital. The



Patient Care Co-ordinator provides compassionate counselling that addresses Members' immediate and specific needs.

Chronic Medication Programme

Chronic medication is repetitive or life-sustaining medicine, usually prescribed for a period of six months or longer. Bankmed Namibia covers medication costs for chronic ailments listed in the Fund's List of Chronic Conditions up to a certain maximum. Bankmed Namibia pays for only one month's supply of chronic medication at a time. If the medication you are taking does not meet the criteria for chronic medication benefits, your chronic medication claim will still be paid out, but under your prescribed Acute Medication Benefit.

List of Chronic Conditions

The following chronic conditions are recognised by the Fund: Acne / Addison's Disease / Allergic Rhinitis / Alzheimer's Disease / Angina / Ankylosing Spondylitis / Anorexia Nervosa / Asthma / Attention Deficit Disorder (ADD) / Barrett's Oesophagus / Benign Prostatic Hyperplasia / Bipolar Mood Disorder / Bronchiectasis / Bulimia Nervosa / Cancer / Cardiac Arrhythmias / Cardiomyopathy / Chronic Bronchitis / Chronic Obstructive Pulmonary Disease (COPD) / Chronic Renal Disease / Congestive Cardiac Failure / Conn's Syndrome / Coronary Artery

Disease / Crohn's Disease / Cushing's Syndrome / Cystic Fibrosis / Deep Vein Thrombosis / Dermatomyositis / Diabetes Mellitus / Insipidus / Eczema / Emphysema / Endocarditis / Epilepsy / Glaucoma / Gout / Hyperuricaemia / Haemophilia / Hypercholesterolaemia (full lipogram results required) / Hypertension / Hypoparathyroidism / Ischaemic Heart Disease / Major Depression / Menopause (Hormone Replacement Therapy) / Migraine (Prophylactics) / Motor Neuron Disease / Multiple Sclerosis / Muscular Dystrophy / Myasthenia Gravis / Narcolepsy / Obsessive Compulsive Disorder / Osteoporosis (Bone density test required) / Paget's Disease of the Bone / Pancreatic Disease / Panic Disorder / Paraplegia and Quadriplegia (Associated Medicine) / Parkinson's Disease / Peripheral Vascular Disorders / Pituitary Adenoma.

Emergency Evacuation Services

The Fund offers emergency air and road ambulance evacuation services to Bankmed Namibia Members. All air ambulance flights and long-distance road ambulance transport services are covered for the SADC Region. The cover provides the most effective and efficient emergency evacuation services. All emergency services for life-sustaining conditions that require emergency transport are covered.

Please note that Members can make use of any

registered emergency evacuation provider in Namibia of their choice.

Please visit the Bankmed website for the list of registered emergency evacuation providers at www.bankmednamibia.com.na.

Where the service provider chosen by the Member has an agreement for direct payment with Bankmed Namibia, the process will be:

1. The Member contacts the ambulance or evacuations provider,
2. The Provider contacts the Fund for pre-authorisation,
3. The service is delivered to the Member,
4. The evacuation provider submits the claim to the Fund for settlement,
5. The Fund settles the claim directly with the provider.

Where the service provider chosen by the Member does not have an agreement for direct payment with Bankmed Namibia, the process will be:

1. The Member contacts the ambulance or evacuations provider,
2. The service is delivered to the Member, then
3. The Member submits the claim to the Fund for settlement at the Fund's prescribed tariffs.

The Member shall remain liable for any amount more than the Fund's prescribed tariffs and more than the Member's available benefit.

Self-Medication

Self-medication is medicine that can be obtained from the pharmacy for minor ailments. These are medicines that have a scheduling status of 0 - 2. Self-medication can be utilised when you know what your ailment is and what medication to use for your condition; for example, having a headache or a cold. You can visit your nearest phar-

macy and buy the medication to treat yourself. You will, however, still need to get advice from the pharmacist before buying any medicine for self-medication.

Please remember that medicine for self-medication should not be used for lengthy periods of time and if your condition persists, you should consult your doctor. Your pharmacist can claim the self-medication directly from the Fund.

Covered External Medical Appliances

The following external medical appliances are covered by the Fund (a prescription from a medical practitioner is required):

Orthopaedic Footwear (only if prescribed by an orthopaedic surgeon and part of Case Management) / Deep Vein Thrombosis Stockings / Crutches / Walking Frame / Aid (only if used as part of Case Management) / Cervical Collars / Back, Leg, Arm and Neck Braces / Arch Supports and Inner Soles / Oxygen (only if used as part of Case Management) / Oxygen Cylinders (only if used as part of Case Management) / Oxygen Refill (only if used as part of Case Management) / Oxygen Accessories (only if used as part of Case Management) / Oxygen Concentrators (only if used as part of Case Management) / Nebuliser / Humidifier / Peak Flow Meter (only if used as part of Case Management) / Glucometers / Blood Pressure Apparatus / Urinal or Bedpan / Medic Alert Registration / Traction Apparatus / Mastectomy Brassiere and Prosthesis / Pressure Bandage for Burns / Peripheral Nerve Stimulator for Chronic Pain (only if used as part of Case Management) / Stoma Accessories (only if used as part of Case Management) / CPAP Apparatus for Sleep Apnea (only if used as part of Case Management) / CPAP monitor (only if used as part of Case Management) / Toilet Seat Raisers / Mouth Guard (up to a maximum of N\$400 per beneficiary per annum) / wig for cancer.

General Fund Information

Lifestyle Management Programme

A healthy lifestyle is a continuous process of making healthy choices daily. It requires commitment to live a more balanced and healthier lifestyle, and we therefore want to assist you in breaking those bad habits that cause unnecessary health problems.

The Bankmed Lifestyle Programme can assist you in obtaining overall health and wellness. Members suffering from the following lifestyle diseases can join the Programme:

- High blood pressure
- Diabetes mellitus
- High cholesterol
- Cardiovascular disease
- Gout and/or
- Obesity

The Lifestyle Management program is a program designed to assist members to improve lifestyle choices to prevent or reduce the progression of chronic diseases and learn how to utilize all the community resources available to further reduce risk. Taking a holistic approach into consideration the Lifestyle Management aims to understand how people can change unhealthy habits into health habits by:

- Reducing the risk of heart attack, stroke, diabetes, cancer, and many other preventable chronic diseases
- Optimize fitness
- Achieve and maintain a healthier weight
- Improve blood pressure and cholesterol values
- Manage stress better
- Improving mental health
- Stop using tobacco
- Choose healthier foods
- Master other health issues important to individuals

In addition, the Lifestyle Management program continues to bring rou-

tine medical check-ups directly to the member. The Corporate Lifestyle Management program is amongst the most vital investments that an employer can make – this enables the employers to invest in the physical and mental wellbeing of their employees.

Book a Lifestyle Management Day

Employer group contacts the Lifestyle Management department and request a corporate lifestyle screening.

- Appointment / dates are scheduled to ensure maximum staff attendance.
- The Lifestyle Management team will go to the employer group and perform the basic general screenings: random glucose, random blood cholesterol, blood pressure, weight, waist circumference and calculate the Body mass index (BMI).

During the screenings each member will receive a full consultation on their results; and if any health irregularities are identified, the following procedure is followed:

- Referral from the Lifestyle Management department to see a dietician or biokineticist.
- Referral to a general practitioner for medication management.
- Health advice is given to staff with regards to healthy lifestyle choices and exercise.

The vision of the Lifestyle Management team is to continuously provide members and employers groups with relevant information on healthy lifestyle choices, how to use health professionals to assist in accomplishing a healthier lifestyle and create awareness on mental health and other health related issues.





Additional Benefits

Additional Hospital Benefit

What is the Additional Hospital Benefit (AHB)?

The Additional Hospital Benefit provides for an amount payable over and above the scheduled fee payable for all doctors performing any kind of procedure whilst the Member is in hospital. Normally this excess is payable by the Member, but Bankmed Namibia realises what the possible financial implications can be for a Member who must pay this amount from his/her own pocket. To assist, Bankmed Namibia pays the NAMAFA Tariff +115%. Bankmed Namibia is one of the only Funds offering Members this benefit at no extra cost.

How is AHB Paid?

Contracted-in doctors are paid directly from Bankmed Namibia when the doctor submits the claim.

Doctors that are not contracted-in

The doctor is paid the normal Medical Aid Fund tariff (NAMAFA tariff) directly from Bankmed Namibia. This, however, does not prevent the doctor from charging more than the Medical Aid tariff. The account from the doctor for the additional amount will be sent to the Member who will now have the following responsibility:

Step 1:

Before having a medical procedure done in hospital, ask your doctor whether he/she will be charging more than Medical Aid Fund tariff.

Step 2:

After the procedure has been done and you were charged more than the Medical Aid Fund tariff, please get a copy of the account directly from your doctor.

Step 3:

Fill in the claim form, which is available from any Methealth Namibia Administrators client service office, as well as from your doctor, or visit our website www.methealth.com.na. Please ensure that the form is completed correctly to enable Bankmed Namibia to process your AHB claim without any delays.

Step 4:

Attach your doctor's account to the claim form.

Step 5:

Submit your claim form with the doctor's account attached to any Methealth Namibia Administrators client service office.



at no extra costs

No AHB claims will be paid if the claim form is submitted four (4) months or more after the date on which the procedure was done. The Member can claim first and then pay the doctor when the money has been received from Bankmed Namibia.

Ex Gratia

Ex Gratia is a benefit awarded to Members to cover claims if the benefit has been depleted and there is a valid reason for the depletion.

When to Apply for Ex Gratia

Members can apply for Ex Gratia when their available amount for a certain benefit has been depleted and the Member really does not have the funds to pay the outstanding amount.

How to Apply for Ex Gratia

The Bankmed Namibia Ex Gratia application form (available from the Bankmed website www.bankmednamibia.com.na and all Methealth Namibia branches) is completed and should the Member be married. Payslips need to be attached in order for the Ex Gratia Committee to fully investigate the Member's financial position. The application form is then submitted to Bankmed Namibia for further investigation.

How Ex Gratia is Awarded

Ex Gratia is awarded to Members who truly cannot afford the medical bills for a medical procedure which they need to undergo, or day-to-day benefits have been exceeded. The Managed Healthcare Department does a thorough investigation into each case, which is presented to the Ex Gratia Committee for a final decision. The decision is communicated to Members by means of a letter/text message.

When Ex Gratia is awarded, the following criteria are taken into consideration:

- Years of membership with Bankmed Namibia,
- Number of registered dependants,
- Combined income of the main member and spouse,
- Total amount of Ex Gratia applied for (within tariff),
- Member claims history,
- Other factors, for example cost-saving and cost-effective treatment.

A Black man with a beard and a wide smile is holding a red apple. He is wearing a white t-shirt. The background is a solid yellow color.

Preventive Healthcare

Preventive Healthcare (or prophylaxis) consists of measures taken for disease and illness prevention. Such diseases are affected by environmental factors, genetic predisposition, and lifestyle choices – all dynamic processes that begin before individuals realise they are affected. The health-related risk factors include high blood sugar levels and hypertension (high blood pressure), diabetes, high cholesterol and depression or HIV/AIDS. The importance of monitoring your health status cannot be over emphasized, as it is easier to prevent medical conditions from happening in the first place than to repair the damage after it has occurred.

Lifestyle disease are ailments that are primarily based on day to day habits of individuals, therefore this are habits that can be changed for the better and prevented. Your health is ultimately your wealth and the Lifestyle management program is designed to educate members on how to embrace healthier changes and adapt a more prosperous way of functioning day to day activities.

Bankmed, through its Lifestyle Management Programme, embarks on initiatives in 2021 to help its members to maintain a healthy lifestyle with initiatives such as healthy lifestyle programmes, healthy diets and exercise tips, diabetes management programmes, mental health workshops, and even counselling on issues such as alcohol, smoking, and depression. This will be possible by Bankmed becoming an intermediate and liaison partner between the members and medical healthcare providers, counselees, and the public social sector, gathering information, motivating referrals to relevant practitioners, and organise workshops in partnership with the employer groups.

The aim is to build a long-term database, recording and monitoring the health progress of members, thus being able to make better recommendations on treatments for individual members on specific health issues. Bankmed will inform all members during 2021 about Preventive Healthcare related initiatives that will also include some fun activities, member visits through mobile healthcare information centres, and management of health monitoring systems and reward options.

ESSENCE

Bankmed Essence provides a comprehensive range of benefits at a higher monthly premium.

- Comprehensive range of benefits
- 100% of NAMA Tariffs
- Unlimited overall annual cover
- High chronic medication benefits
- Good individual benefit amounts
- Competitive contributions
- Available to all Bankmed Members
- Provision for Ex Gratia

- Comprehensive range of benefits
- Comprehensive hospitalisation benefits
- 100% of NAMA Tariffs
- N\$ 1 500 000 overall annual cover per Family
- Good individual benefit amounts
- Competitive contributions
- Available to all Bankmed Members
- Provision for Ex Gratia

PRIME

Bankmed Prime provides a comprehensive range of benefits at a moderate monthly premium.

- Adequate range of benefits
- 100% of NAMA Tariffs
- N\$ 750 000 overall annual cover per Family
- Promotes use of primary healthcare facilities (clinics)
- Limited individual benefit amounts
- Limited private hospitalisation
- Provision for Ex Gratia

Benefit Options Overview

CARE

Bankmed Care provides a fairly comprehensive range of benefits at a lower monthly premium.

ESSENCE HOSPITAL

Bankmed Essence Hospital is a new generation option that caters for comprehensive hospital cover with day-to-day medical expenses limited to N\$5 000 per beneficiary and N\$10 000 per family.

- Comprehensive range of benefits
- Comprehensive hospitalisation benefits
- 100% NAMA Tariffs
- Unlimited overall annual cover
- Competitive contributions and provision for Ex Gratia
- Available to all Bankmed Members

General Fund Information

ESSENCE: Summary of Benefits

Overall Annual Benefit (Overall Annual Limit)		Unlimited Benefit
Category A: Hospitalisation Benefit	% NAMAF Tariff	Pre-authorisation: 100% of tariff will be paid out. Without pre-authorisation: No benefit will be paid out except in the case of emergency hospital admissions and emergencies after hours, weekends and public holidays. Sub-limits are not pro-rated. OVERALL ANNUAL LIMIT.
Additional Hospital Benefit Cover: GPs and Specialists In-hospital services are paid up to a MAXIMUM of 215% of NAMAF tariff		
1. Hospitalisation (Subject to pre-authorisation)		Overall Annual Limit
1.1 Accommodation & Theatre	100%	Sub-limit 1
1.2 Accommodation other than a recognised hospital or Medical Institution	100% of cost	Limited to N\$600 per day per Family (Maximum of 2 days) Overall Annual Limit
1.3 Blood Transfusions	100%	Sub-limit 1
1.4 Intensive and High Care Maximum 3 days, then motivation	100%	Sub-limit 1
1.5 Medicine, fixed tariff procedures, hospital apparatus and to take out medicine (7 days supply only)	100%	Sub-limit 1
1.6 Radiology & Pathology (in-hospital) Additional hospital benefit cover excluded	100%	Sub-limit 1
1.7 Physiotherapy Additional Hospital Benefit Cover excluded	100%	Sub-limit 1
1.7.1 Physiotherapy (in-hospital) Additional Hospital Benefit Cover excluded	100%	Overall Annual Limit
1.7.2 Physiotherapy (post rehabilitation) Additional benefit once the patient is out-of-hospital (Subject to prior approval)	100%	N\$5 800 per Family (Benefit available within 3 months from hospital discharge) Sub-limit 1.7
2. Specialised Radiology Procedures (in/out of hospital) Additional Hospital Benefit Cover Excluded Referral from a medical specialist only (referral from GP acceptable in places where there is no medical specialist) (Subject to prior approval)		Overall Annual Limit
2.1 MRI & CT Scans	100%	Sub-limit 2
2.2 Nuclear Medicine	100%	Sub-limit 2
3. General Practitioners and Specialists (in-hospital services, procedures and operations) Additional Hospital Benefit Cover included	100%	Overall Annual Limit
4. Internal Appliances & Materials (Subject to pre-authorisation)		Subject to Bankmed Namibia Protocol
4.1 Artificial Eyes	100% of cost	Limited to N\$ 16 430 per Beneficiary every 4 years; Sub-limit 4
4.2. Artificial Limb	100% of cost	Limited to N\$ 32 860 per Beneficiary every 4 years; Sub-limit 4
4.3 Other Internal Appliances & Materials	100% of cost	Sub-limit 4
5. Dialysis (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit

6. Oncology (all-inclusive in and out of hospital) (Subject to Case Management and MHC Guidelines)	100%	Limited to N\$ 750 000 per Beneficiary Overall Annual Limit
6.1 Consultations and Procedures	100%	Sub-limit 6
6.2 Hospitalisation	100%	Sub-limit 6
6.3 Radiation Oncology (Referral from medical specialist only)	100%	Sub-limit 6
6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy)	100%	Sub-limit 6
7. Organ Transplant Including Immune-Suppressant Drugs (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit
8. Private Nursing (Subject to pre-authorisation)	100%	Limited to N\$33 250 per Family Overall Annual Limit
9. Frail Care/Hospice (Subject to pre-authorisation)	100%	Limited to N\$33 250 per Family Overall Annual Limit
10. Psychiatric Treatment - Hospitalisation (Subject to pre-authorisation) Referral from Psychiatrist only (referral by GP acceptable in places where there is no Psychiatrist)	100%	Limited to N\$30 500 per Family Overall Annual Limit
11. Alcoholism and Drugs Addiction (subject to prior approval and MHC Guidelines)	100%	Sub-limit 10
12. Refractive Surgery – All-inclusive (Subject to prior approval and MHC Guidelines)	100%	Limited to N\$30 000 per Beneficiary (once-off benefit) Overall Annual Limit
13. Phakic Implants (Lens Implant) (All-inclusive) (Subject to pre-authorisation)	100%	Limited to N\$34 750 per Beneficiary (once-off benefit)
14. Re-constructive Surgery (Medical Necessity Only) (Subject to prior approval and strict MHC Guidelines)	100%	Overall Annual Limit
14.1 Consultation and Procedure	100%	Limited to N\$13 750 per Family Sub-limit 14
14.2 Hospitalisation	100%	Sub-limit 14
15. Dental Surgery Additional Hospital Benefit Cover Excluded (Subject to pre-authorisation)		Overall Annual Limit
15.1. Dental Implants – Hospitalisation	100%	Limited to N\$9 500 per Beneficiary Limited to N\$16 750 per Family Sub-limit 15
15.2 Maxillo-Facial & Oral Surgery (Elective & Non-Elective) – All-inclusive	100%	Limited to N\$133 250 per Family Sub-limit 15
16. Maternity		Overall Annual Limit
16.1 Confinement (all-inclusive) Limited to 1 confinement per year for dependant other than the spouse. (Subject to pre-authorisation)		Sub-limit 16
16.2 Ante-natal Consultation Additional Hospital Benefit Cover Excluded	100%	Limited to 12 consultations per Beneficiary (Pro-rated from date of joining) Sub-limit 16
16.3 Ante-natal / Post-natal Classes & Education Additional Hospital Benefit Cover excluded	100%	Limited to 6 consultations per Beneficiary per preg- nancy, (Pro-rated from date of joining) Sub-limit 16
16.4 Sonar Scans Additional Hospital Benefit Cover Excluded	100%	Limited to 3 scans per Beneficiary per pregnancy Sub-limit 16

16.5 Test for chromosomal and foetal abnormalities Additional Hospital Benefit Cover Excluded	100%	Sub-limit 16
16.6 Midwifery Service Additional Hospital Benefit Cover Excluded	100%	Sub-limit 16
17. Insertion of Intrauterine Device w/ Hormone (Mirena) (All-inclusive) (Subject to prior approval)	100%	Limited to N\$6 000 per Beneficiary Overall Annual Limit
18. Stomalththerapy (All-inclusive) (Subject to prior approval)	100%	Limited to N\$ 28 750 per Family Overall Annual Limit
19. Ambulance and Evacuation Services (Subject to prior approval)		Overall Annual Limit
19.1 Emergency Ambulance & Flights (Subject to prior approval)	100%	Unlimited
19.2 Ambulance/Inter-hospital transfer (Subject to prior approval)	100%	Sub-limit 19
19.3 Other Transport Transport benefit for medical services available only in RSA (Subject to prior approval and Travel Expenses Re- imbursement Protocol)	80% of cost	Limited to N\$9 800 per family Sub-limit 19
20. International Medical Travel Insurance - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of cost	N\$10 000 000 per incident

Category B: Day-to-day Benefits	Cover % NAMA Tariff	Sub-limits are pro-rated from date of join- ing, except Optical Benefit. OVERALL ANNUAL LIMIT
21. General Practitioners & Specialists		Limited to N\$26 500 per Family Limited to N\$13 250 per Beneficiary
21.1 Consultations/Visits (out-of-hospital, including casualties)	100%	Sub-limit 21
21.2 Procedures/Services (Out-of-Hospital)	100%	Sub-limit 21
21.3 Materials and Disposable Items	100%	Sub-limit 21
21.4 Radiology and Pathology, including Radiography, Sonography, Medical Laboratory Technology and Chemical Blochemistry. (Referral from Medical Practitioner)	100%	Sub-limit 21
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
22. Dentistry		Limited to N\$10 500 per Beneficiary (excluding Orthodontics benefit) Limited to N\$14 250 per Family (excluding Orthodontics benefit)
22.1 Basic Dentistry (including Dental Therapy)	100%	Sub-limit 22
22.2 Specialised / Advanced Dentistry	100%	Sub-limit 22
22.3. Dental Implants		
22.3.1. Consultation and Procedure (In-Hospital)	100%	Limited to N\$14 000 per Family
22.3.2. Consultation and Procedure (in-Practice)	150%	Limited to N\$18 500 per Family

22.3.3. Implant Component	100%	Limited to N\$7 500 per Beneficiary Limited to N\$14 500 per Family
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
22.4. Orthodontics	100%	Limited to N\$20 000 per Beneficiary (once-off benefit)
23. Medicine and Injections		Limited to N\$26 850 per Beneficiary Limited to N\$52 000 per Family
23.1 Acute Medicine Paid at Maximum Namibia Medicine Price List on Generics	80%	Limited to N\$7 500 per Beneficiary Limited to N\$15 000 per Family Sub-limit 23
23.2 Chronic Medicine Paid at Maximum Namibia Medicine Price List on Generics	80%	Limited to N\$17 750 per Beneficiary Limited to N\$35 000 per Family Sub-limit 23
23.3 Chronic Medicine (Pensioners) Paid at Maximum Namibia Medicine Price List on Generics	100%	Limited to N\$17 750 per Beneficiary Limited to N\$35 000 per Family Sub-limit 23
23.4 Essential Vaccination/Immunisation (As per WHO Guidelines) Paid at Maximum Namibia Medicine Price List on Generics	100%	Sub-limit 23
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
23.5 Self Medication Paid at Maximum Namibia Medicine Price List on Generics	100%	Limited to N\$1 700 per Beneficiary Limited to N\$2 250 per Family Sub-limit 23
		Limited to N\$215 per script per Beneficiary per day Sub-limit 23
24. Specified Illness Conditions (Subject to pre-authorisation)		Limited to N\$33 250 per Beneficiary
24.1 HIV/AIDS (As per National Guidelines for Antiretroviral Therapy)		
24.1.1 Medicine Paid at Maximum Namibia Medicine Price List on Generics	100%	Sub-limit 24
24.1.2 First Full HIV Consultation/Assessment	N\$440	Once-off benefit Sub-limit 24
24.1.3 Consultation (after the first full HIV Consultation/ Assessment)	N\$405	Limited to 6 consultations per Beneficiary Sub-limit 24
24.1.4 HIV Counselling	100%	Limited to N\$1 300 per Beneficiary Sub-limit 24
24.1.5 Pathology Tests	100%	Sub-limit 24
24.1.6 HIV Resistance Test (Subject to prior approval)	100%	Sub-limit 24
24.2 Prevention of Mother-to-Child Transmission (PMTCT)	100%	Sub-limit 24 As per National Guidelines
24.3 Post-Exposure Prophylaxis (PEP)	100%	Sub-limit 24 As per National Guidelines

24.4 Pre-Exposure Prophylaxis (PrEP)	100%	Sub-limit 24 As per National Guidelines
25. Primary Health Care Services		Limited to N\$ 500 per Beneficiary Limited to N\$ 1 500 per Family
25.1 Consultations and Procedures	100%	Sub-limit 25
25.2 Medicine and Injections Paid at Maximum Namibia Medicine Price List on Generics	80%	Sub-limit 23.1
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
26. Auxiliary Services (Supplementary Services)		Limited to N\$11 750 per Beneficiary Limited to N\$17 500 per Family
26.1. Art Therapy	100%	Sub-limit 26
26.2. Audiology/Speech Therapy	100%	Sub-limit 26
26.3. Biokinetics	100%	Limited to N\$5 250 per Beneficiary Sub-limit 26
26.4 Chinese Medicine		No benefit
26.5 Chiropractor 26.5.1 Consultation and Procedure	100%	Sub-limit 26
26.5.2 Medicine	80%	Sub-limit 23.1
26.6 Clinical Psychology/Psychological Counsellor	100%	Limited to N\$5 250 per Beneficiary Sub-limit 26
26.7 Clinical Technology	100%	Sub-limit 26
26.8 Dietician	100%	Sub-limit 26
26.9 Hearing Aid Acoustician	100%	Sub-limit 26
26.10 Homeopathy/Naturopathy/Phytotherapy 26.10.1 Consultation & Procedure	100%	Sub-limit 26
26.10.2 Medicine	80%	Sub-limit 23.1
26.11 Occupational Therapy	100%	Sub-limit 26
26.12 Orthotist/Prosthetist	100%	Sub-limit 26
26.13. Physiotherapy	100%	Limited to N\$5 250 per Beneficiary Sub-limit 26
26.14 Podiatry/Chiropody	100%	Sub-limit 26
26.15 Social Worker (motivation required)	100%	Limited to N\$5 250 per Beneficiary Sub-limit 26
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
27. Wheelchair (Subject to prior approval) Inclusive of repair & maintenance	100% of cost	Limited to N\$13 250 per Beneficiary every 4 years
28. Appliances (External) (Subject to MHC guidelines)	80%	Limited to N\$4 500 per Family

29. Hearing Aids Apparatus (Subject to prior approval) Inclusive of repair & maintenance	100% of cost	Limited to N\$30 000 per Family every 2 years
30. Medical Devices for Diabetes Management (Subject to prior approval and MHC Guidelines)		
30.1 Insulin Pumps/Glucose Monitoring Kit/Glucose Reader	80% of cost	Limited to N\$ 40 000 per Beneficiary every 4 years
30.2 Diabetes Related Consumables	80% of cost	Limited to N\$ 2 500 Beneficiary
31. Optical		N\$ 4 500 per Beneficiary limited to every 2 years (including frames) N\$ 9 000 per Family (including frames)
31.1 Eye Test	100%	Limited to one eye test per Beneficiary per annum Sub-limit 31
31.2 Contact lenses/Spectacle lenses	100%	Sub-limit 31
31.3 Bi-focal/Multi-focal lenses	100%	N\$1 000 per Beneficiary limited to every 2 years (in addition to sub-limit 31)
31.4 Frame	100% of cost	Limited to N\$1 150 per Beneficiary Sub-limit 31
32. Benefit Booster Applicable if Medicine & Injections, Dentistry, GP's & Specialists, Primary Health Care and Auxiliary Services benefits are depleted		Limited to N\$3 250 per Beneficiary Limited to N\$6 000 per Family
32.1 Medicine & Injections (Acute & Chronic) Excluding Self-Medication	70%	Sub-limit 32
32.2. Medicine & Injections (Chronic Pensioner)	90%	Sub-limit 32
32.3 Dentistry & Dental Implants (Excluding Orthodontic)	70%	Sub-limit 32
32.4 General Practitioners & Specialists (Consultations/visits & procedures/services out-of-hospital, including casualties)	80%	Sub-limit 32
32.5 Primary Health Care	80%	Sub-limit 32
32.6 Auxiliary Services	70%	Sub-limit 32
33. Health SmartCard	No Additional Costs. Each Dependant will receive his/her own SmartCard. Benefits can be verified at Service Providers 24/7. In case of Emergency, Member and Dependents can be identified without Health Smartcard. Next of Kin can be contacted immediately.	

PRIME: Summary of Benefits

Overall Annual Benefit (Overall Annual Limit)		N\$1 000 000 per Beneficiary N\$ 1 500 000 per Family
Category A: Hospitalisation Benefit	% NAMAF Tariff	Pre-authorisation: 100% of tariff will be paid out. Without pre-authorisation: No benefit will be paid out except in the case of emergency hospital admissions and emergencies after hours, weekends and public holidays. Sub-limits are not pro-rated. OVERALL ANNUAL LIMIT.
Additional Hospital Benefit Cover: GPs and Specialists In-hospital services are paid up to a MAXIMUM of 215% of NAMAF tariff		
1. Hospitalisation (Subject to pre-authorisation)		Overall Annual Limit
1.1 Accommodation & Theatre	100%	Sub-limit 1
1.2 Accommodation other than a recognised hospital or Medical Institution	100% of cost	Limited to N\$600 per day per Family (Maximum of 2 days) Sub-limit 1
1.3 Blood Transfusions	100%	Sub-limit 1
1.4 Intensive and High Care Maximum 3 days, then motivation	100%	Sub-limit 1
1.5 Medicine, fixed tariff procedures, hospital apparatus and to take out medicine (7 days supply only)	100%	Sub-limit 1
1.6 Radiology & Pathology (in-hospital) Additional hospital benefit cover excluded	100%	Sub-limit 1
1.7 Physiotherapy Additional Hospital Benefit Cover excluded	100%	Sub-limit 1.7
1.7.1 Physiotherapy (in-hospital)	100%	Overall Annual Limit
1.7.2 Physiotherapy (post rehabilitation) Additional benefit once the patient is out-of-hospital (Subject to prior approval)	100%	N\$5 800 per Family (Benefit available within 3 months from Hospital discharge) Sub-limit 1.7
2. Specialised Radiology Procedures (in/out of hospital) Additional Hospital Benefit Cover Excluded Referral from a medical specialist only (referral from GP acceptable in places where there is no medical specialist. (Subject to prior approval)		Overall Annual Limit
2.1 MRI & CT Scans	100%	Limited N\$23 000 per Family Sub-limit 2
2.2 Nuclear Medicine	100%	Overall Annual Limit Sub-limit 2
3. General Practitioners and Specialists (in-hospital services, procedures and operations) Additional Hospital Benefit Cover included	100%	Overall Annual Limit
4. Internal Appliances & Materials (Subject to pre-authorisation)		Subject to Bankmed Namibia Internal Prosthesis Protocol Overall Annual Limit
4.1 Artificial Eyes	100% of cost	Limited to N\$ 6 250 per Beneficiary every 2 years; Sub-limit 4
4.2. Artificial Limb	100% of cost	Limited to N\$ 18 500 per Beneficiary every 4 years; Sub-limit 4
4.3 Other Internal Appliances & Materials	100% of cost	Sub-limit 4

5. Dialysis (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit
6. Oncology (All Inclusive In and Out of Hospital) (Subject to Case Management and MHC Guidelines)	100%	Limited to N\$ 600 000 per Beneficiary Overall Annual Limit
6.1 Consultations and Procedures	100%	Sub-limit 6
6.2 Hospitalisation	100%	Sub-limit 6
6.3 Radiation Oncology (Referral from medical specialist only)	100%	Sub-limit 6
6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy)	100%	Sub-limit 6
7. Organ Transplant Including Immune-Suppressant Drugs (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit
8. Private Nursing (Subject to pre-authorisation)	100%	Limited to N\$21 250 per Family Overall Annual Limit
9. Frail Care/Hospice (Subject to pre-authorisation)	100%	Limited to N\$21 250 per Family Overall Annual Limit
10. Psychiatric Treatment - Hospitalisation (Subject to pre-authorisation) Referral from Psychiatrist only (referral by GP acceptable in places where there is no Psychiatrist)	100%	Limited to N\$20 000 per Family Overall Annual Limit
11. Alcoholism and Drug Addiction (subject to prior approval and MHC Guidelines)	100%	Sub-limit 10
12. Refractive Surgery – All-inclusive (Subject to prior approval and MHC Guidelines)	100%	Limited to N\$16 000 per Beneficiary (once-off benefit) Overall Annual Limit
13. Phakic Implants (Lens Implant) (All-inclusive) (Subject to pre-authorisation)	100%	Limited to N\$22 750 per Beneficiary (once-off benefit)
14. Re-constructive Surgery (Medical Necessity Only) (Subject to prior approval and strict MHC Guidelines)	100%	Overall Annual Limit
14.1 Consultation and Procedure	100%	Limited to N\$6 750 per Family Sub-limit 14
14.2 Hospitalisation	100%	Sub-limit 14
15. Dental Surgery Additional Hospital Benefit Cover Excluded (Subject to pre-authorisation)		Overall Annual Limit
15.1. Dental Implants – Hospitalisation	100%	Limited to N\$9 000 per Beneficiary Limited to N\$15 750 per Family Sub-limit 15
15.2 Maxillo-Facial & Oral Surgery (Elective & Non-Elective) – All-inclusive	100%	Limited to N\$90 750 per Family Sub-limit 15
16. Maternity		Overall Annual Limit
16.1 Confinement (all-inclusive) Limited to 1 confinement per year for dependants other than the spouse. (Subject to pre-authorisation)	100%	Sub-limit 16
16.2 Ante-natal Consultation Additional Hospital Benefit Cover Excluded	100%	Limited to 12 consultations per Beneficiary (Pro-rated from date of joining) Sub-limit 16
16.3 Ante-natal / Post-natal Classes & Education Additional Hospital Benefit Cover excluded	100%	Limited to 6 consultations per Beneficiary per preg- nancy, (Pro-rated from date of joining) Sub-limit 16

16.4 Sonar Scans Additional Hospital Benefit Cover Excluded	100%	Limited to 3 scans per Beneficiary per pregnancy Sub-limit 16
16.5 Test for chromosomal and foetal abnormalities Additional Hospital Benefit Cover Excluded	100%	Sub-limit 16
16.6 Midwifery Service Additional Hospital Benefit Cover Excluded	100%	Sub-limit 16
17. Insertion of Intrauterine Device w/ Hormone (Mirena) (All-inclusive) (Subject to prior approval)	100%	Limited to N\$6 000 per Beneficiary Overall Annual Limit
18. Stomalthrapy (All-inclusive) (Subject to prior approval)	100%	Limited to N\$ 22 800 per Family Overall Annual Limit
19. Ambulance and Evacuation Services (Subject to prior approval)	100%	Overall Annual Limit
19.1 Emergency Ambulance & Flights (Subject to prior approval)	100%	Unlimited
19.2 Ambulance/Inter-hospital transfer (Subject to prior approval)	100%	Sub-limit 19
19.3 Other Transport Transport benefit for medical services available only in RSA (Subject to prior approval and Travel Expenses Reimbursement Protocol)	80% of cost	Limited to N\$9 800 per Family Sub-limit 19
20. International Medical Travel Insurance - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of cost	N\$10 000 000 per incident

Category B: Day-to-day Benefits	Cover % NAMA Tariff	Sub-limits are pro-rated from date of joining, except Optical Benefit. OVERALL ANNUAL LIMIT
21. General Practitioners & Specialists	100%	Limited to N\$16 500 per Family Limited to N\$8 500 per Beneficiary
21.1 Consultations/Visits (out-of-hospital, including casualties)	100%	Sub-limit 21
21.2 Procedures/Services (Out-of-Hospital)	100%	Sub-limit 21
21.3 Materials and Disposable Items	100%	Sub-limit 21
21.4 Radiology and Pathology, including Radiography, Sonography, Medical Laboratory Technology and Chemical Blochemistry. (Referral from Medical Practitioner)	100%	Sub-limit 21
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
22. Dentistry		Limited to N\$8 750 per Beneficiary (excluding Orthodontics benefit) Limited to N\$11 500 per Family (excluding Orthodontics benefit)
22.1 Basic Dentistry (including Dental Therapy)	100%	Sub-limit 22
22.2 Specialised / Advanced Dentistry	100%	Sub-limit 22
22.3. Dental Implants		
22.3.1. Consultation and Procedure (In-Hospital)	100%	Limited to N\$11 500 per Family

22.3.2. Consultation and Procedure (in-Practice)	150%	Limited to N\$15 000 per Family
22.3.3. Implant Component	100%	Limited to N\$5 250 per Beneficiary Limited to N\$11 500 per Family
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
22.4. Orthodontics	100%	Limited to N\$12 250 per Beneficiary (once-off benefit)
23. Medicine and Injections		Limited to N\$15 750 per Beneficiary Limited to N\$29 750 per Family
23.1 Acute Medicine Paid at Maximum Namibia Medicine Price List on Generics	80%	Limited to N\$5 750 per Beneficiary Limited to N\$12 250 per Family Sub-limit 23
23.2 Chronic Medicine Paid at Maximum Namibia Medicine Price List on Generics	80%	Limited to N\$8 750 per Beneficiary Limited to N\$15 550 per Family Sub-limit 23
23.3 Chronic Medicine (Pensioners) Paid at Maximum Namibia Medicine Price List on Generics	100%	Limited to N\$8 750 per Beneficiary Limited to N\$15 550 per Family Sub-limit 23
23.4 Essential Vaccination/Immunisation (As per WHO Guidelines) Paid at Maximum Namibia Medicine Price List on Generics	100%	Sub-limit 23
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
23.5 Self Medication Paid at Maximum Namibia Medicine Price List on Generics	100%	Limited to N\$1 250 per Beneficiary Limited to N\$1 950 per Family Sub-limit 23
		Limited to N\$180 per script per Beneficiary per day Sub-limit 23
24. Specified Illness Conditions (Subject to pre-authorisation)		Limited to N\$33 250 per Beneficiary
24.1 HIV/AIDS (As per National Guidelines for Antiretroviral Therapy)		
24.1.1 Medicine Paid at Maximum Namibia Medicine Price List on Generics	100%	Sub-limit 24
24.1.2 First Full HIV Consultation/Assessment	N\$440	Once-off benefit Sub-limit 24
24.1.3 Consultation (after the first full HIV Consultation/ Assessment)	N\$405	Limited to 6 consultations per Beneficiary Sub-limit 24
24.1.4 HIV Counselling	100%	Limited to N\$1 300 per Beneficiary Sub-limit 24
24.1.5 Pathology Tests	100%	Sub-limit 24
24.1.6 HIV Resistance Test (Subject to prior approval)	100%	Sub-limit 24
24.2 Prevention of Mother-to-Child Transmission (PMTCT)	100%	Sub-limit 24 As per National Guidelines

24.3 Post-Exposure Prophylaxis (PEP)	100%	Sub-limit 24 As per National Guidelines
24.4 Pre-Exposure Prophylaxis (PrEP)	100%	Sub-limit 24 As per National Guidelines
25. Primary Health Care Services		Limited to N\$ 400 per Beneficiary Limited to N\$ 1 200 per Family
25.1 Consultations and Procedures	100%	Sub-limit 25
25.2 Medicine and Injections Paid at Maximum Namibia Medicine Price List on Generics	80%	Sub-limit 23.1
Benefit Booster applicable (Additional benefit once limit is exceeded)		Refer to Sub-limit 32
26. Auxiliary Services (Supplementary Services)		Limited to N\$10 000 per Beneficiary Limited to N\$12 500 per Family
26.1. Art Therapy	100%	Sub-limit 26
26.2. Audiology/Speech Therapy	100%	Sub-limit 26
26.3. Biokinetics	100%	Limited to N\$3 750 per Beneficiary Sub-limit 26
26.4 Chinese Medicine		No benefit
26.5 Chiropractor 26.5.1 Consultation and Procedure	100%	Sub-limit 26
26.5.2 Medicine		Sub-limit 23.1
26.6 Clinical Psychology/Psychological Counsellor	100%	Limited to N\$3 750 per Beneficiary Sub-limit 26
26.7 Clinical Technology	100%	Sub-limit 26
26.8 Dietician	100%	Sub-limit 26
26.9 Hearing Aid Acoustician	100%	Sub-limit 26
26.10 Homeopathy/Naturopathy/Phytotherapy 26.10.1 Consultation & Procedure	100%	Sub-limit 26
26.10.2 Medicine	80%	Sub-limit 23.1
26.11 Occupational Therapy	100%	Sub-limit 26
26.12 Orthotist/Prosthetist	100%	Sub-limit 26
26.13. Physiotherapy	100%	Limited to N\$3 750 per Beneficiary Sub-limit 26
26.14 Podiatry/Chiropody	100%	Sub-limit 26
26.15 Social Worker (motivation required)	100%	Limited to N\$3 750 per Beneficiary Sub-limit 26
Benefit Booster applicable (Additional benefit once limit is exceeded)	100% of cost	Refer to Sub-limit 32
27. Wheelchair (Subject to prior approval) Inclusive of repair & maintenance	100% of cost	Limited to N\$8 500 per Beneficiary every 4 years

28. Appliances (External) (Subject to MHC guidelines)	80%	Limited to N\$3 750 per Family
29. Hearing Aids Apparatus (Subject to prior approval) Inclusive of repair & maintenance	100% of cost	Limited to N\$20 000 per Family every 2 years
30. Medical Devices for Diabetes Management (Subject to prior approval and MHC Guidelines)		
30.1 Insulin Pumps/Glucose Monitoring Kit/Glucose Reader	80% of cost	Limited to N\$ 35 000 per Beneficiary every 4 years
30.2 Diabetes Related Consumables	80% of cost	Limited to N\$ 2 000 Beneficiary
31. Optical	100%	N\$ 3 250 per Beneficiary limited to every 2 years (including frames) N\$ 6 500 per Family (including frames)
31.1 Eye Test	100%	Limited to one eye test per Beneficiary per annum; Sub-limit 31
31.2 Contact lenses/Spectacle lenses	100%	Sub-limit 31
31.3 Bi-focal/Multi-focal lenses	100%	N\$700 per Beneficiary limited to every 2 years (In addition to sub-limit 31)
31.4 Frame	100% of cost	Limited to N\$1 000 per Beneficiary; Sub-limit 31
32. Benefit Booster Applicable if Medicine & Injections, Dentistry, GP's & Specialists, Primary Health Care and Auxiliary Services benefits are depleted		Limited to N\$2 350 per Beneficiary Limited to N\$3 750 per Family
32.1 Medicine & Injections (Acute & Chronic) Excluding Self-Medication	70%	Sub-limit 32
32.2. Medicine & Injections (Chronic Pensioner)	90%	Sub-limit 32
32.3 Dentistry & Dental Implants (Excluding Orthodontic)	70%	Sub-limit 32
32.4 General Practitioners & Specialists (Consultations/visits & procedures/services out-of-hospital, including casualties)	80%	Sub-limit 32
32.5 Primary Health Care	80%	Sub-limit 32
32.6 Auxiliary Services	70%	Sub-limit 32
33. Health SmartCard	No Additional Costs. Each Dependant will receive his/her own SmartCard. Benefits can be verified at Service Providers 24/7. In case of Emergency, Member and Dependents can be identified without Health Smartcard. Next of Kin can be contacted immediately.	

CARE: Summary of Benefits

Overall Annual Benefit (Overall Annual Limit)		N\$500 000 per Beneficiary N\$ 750 000 per Family
Category A: Hospitalisation Benefit	% NAMAF Tariff	Pre-authorisation: 100% of tariff will be paid out. Without pre-authorisation: No benefit will be paid out except in the case of emergency hospital admis- sions and emergencies after hours, weekends and public holidays. Sub-limits are not pro-rated. OVERALL ANNUAL LIMIT.
Additional Hospital Benefit Cover: GPs and Specialists In-hospital services are paid up to a MAXIMUM of 215% of NAMAF tariff		
1. Hospitalisation (Subject to pre-authorisation)		Overall Annual Limit
1.1 Accommodation & Theatre	100%	Overall Annual Limit
1.2 Accommodation other than a recognised hospital or Medical Institution (subject to prior approval and accommodation expenses reimbursement policy)		Limited to N\$600 per day per Family (Maximum of 2 days) Overall Annual Limit
1.3 Blood Transfusions	100%	Overall Annual Limit
1.4 Intensive and High Care Maximum 3 days, then motivation	100%	Overall Annual Limit
1.5 Medicine, fixed tariff procedures, hospital apparatus and to take out medicine (7 days supply only)	100%	Overall Annual Limit
1.6 Radiology & Pathology (in-hospital) Additional hospital benefit cover excluded	100%	Overall Annual Limit
1.7 Physiotherapy Additional Hospital Benefit Cover excluded	100%	
1.7.1 Physiotherapy (in-hospital)	100%	Overall Annual Limit
1.7.2 Physiotherapy (post rehabilitation) Additional benefit once the patient is out-of-hospital (Subject to prior approval)		No Benefit
2. Specialised Radiology Procedures (in/out of hospital) Additional Hospital Benefit Cover Excluded Referral from a medical specialist only (referral from GP acceptable in places where there is no medical specialist). (Subject to prior approval)		Overall Annual Limit
2.1 MRI & CT Scans	100%	Limited to N\$11 500 per Family
2.2 Nuclear Medicine	100%	Overall Annual Limit
3. General Practitioners and Specialists (in-hospital services, procedures and operations) Additional Hospital Benefit Cover included	100%	Overall Annual Limit
4. Internal Appliances & Materials (Subject to pre-authorisation)		Subject to Bankmed Namibia Internal Pros- thesis Protocol Overall Annual Limit
4.1 Artificial Eyes		No Benefit
4.2. Artificial Limb		No Benefit
4.3 Other Internal Appliances & Materials	100% of cost	Sub-limit 4

5. Dialysis (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit
6. Oncology (All-inclusive In and Out of Hospital) (Subject to Case Management and MHC Guidelines)	100%	Limited to N\$ 400 000 per Beneficiary Overall Annual Limit
6.1 Consultations and Procedures	100%	Sub-limit 6
6.2 Hospitalisation	100%	Sub-limit 6
6.3 Radiation Oncology (Referral from medical specialist only)	100%	Sub-limit 6
6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy)	100%	Sub-limit 6
7. Organ Transplant Including Immunosuppressant Drugs (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit
8. Private Nursing (Subject to pre-authorisation)	100%	Limited to N\$11 000 per Family Overall Annual Limit
9. Frail Care/Hospice (Subject to pre-authorisation)	100%	Limited to N\$11 000 per Family Overall Annual Limit
10. Psychiatric Treatment - Hospitalisation (Subject to pre-authorisation) Referral from Psychiatrist only (Referral by GP acceptable in places where there is no Psychiatrist)	100%	Limited to N\$8 250 per Family Overall Annual Limit
11. Alcoholism and Drug Addiction (Subject to prior approval and MHC Guidelines)	100%	Sub-limit 10
12. Refractive Surgery (all-inclusive) (Subject to prior approval and MHC Guidelines)		No Benefit
13. Phakic Implants (Lens Implant) (All-inclusive) (Subject to pre-authorisation)		No Benefit
14. Re-constructive Surgery (Medical Necessity Only) (all-inclusive) (Subject to prior approval and strict MHC Guidelines)		No Benefit
15. Dental Surgery Additional Hospital Benefit Cover Excluded (Subject to pre-authorisation)		Overall Annual Limit
15.1. Dental Implants – Hospitalisation		No Benefit
15.2 Maxillo-Facial & Oral Surgery (Elective & Non-Elective) Full procedure	100%	Limited to N\$63 000 per Family (Benefit for Trauma only) Sub-limit 15
16. Maternity		Overall Annual Limit
16.1 Confinement (all-inclusive) Limited to 1 confinement per year for dependants other than the spouse. (Subject to pre-authorisation)	100%	Sub-limit 16
16.2 Ante-natal Consultation Additional Hospital Benefit Cover Excluded	100%	Limited to 12 consultations per Beneficiary (Pro-rated from date of joining); Sub-limit 16
16.3 Ante-natal / Post-natal Classes & Education Additional Hospital Benefit Cover excluded	100%	Limited to 6 sessions per Beneficiary per pregnancy (Pro-rated from date of joining); Sub-limit 16

16.4 Sonar Scans (excluding 3D) Additional Hospital Benefit Cover Excluded	100%	Limited to 3 scans per Beneficiary per pregnancy Sub-limit 16
16.5 Tests for chromosomal and foetal abnormalities Additional Hospital Benefit Cover Excluded	100%	Sub-limit 16
16.6 Midwifery Service Additional Hospital Benefit Cover Excluded	100%	Sub-limit 16
17. Insertion of Intrauterine Device w/ Hormone (Mirena) (All-inclusive) (Subject to prior approval)	100%	Limited to N\$6 000 per Beneficiary Overall Annual Limit
18. Stomalththerapy (All-inclusive) (Subject to Prior approval)		No Benefit
19. Ambulance and Evacuation Services (Subject to Prior approval)		Overall Annual Limit
19.1 Emergency Ambulance & Flights (Subject to prior approval)	100%	Unlimited
19.2 Ambulance/Inter-hospital transfer (Subject to prior approval)	100%	Overall Annual Limit
19.3 Other Transport Transport benefit for medical services available only in RSA (Subject to prior approval and MHC Guidelines)	80% of cost	Limited to N\$9 800 per Family Sub-limit 19
20. International Medical Travel Insurance - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of cost	N\$10 000 000 per incident
21. Specified Illness Conditions (Subject to pre-authorisation)		Limited to N\$33 250 per Beneficiary Overall Annual Limit
21.1 HIV/AIDS (As per National Guidelines for Antiretroviral Therapy)		
21.1.1 Medicine Paid at Maximum Namibia Medicine Price List on Generics	100%	Sub-limit 21
21.1.2 First Full HIV Consultation/Assessment	N\$440	Once-off benefit Sub-limit 21
21.1.3 Consultation (after the first full HIV Consultation/ Assessment)	N\$405	Limited to 6 consultations per Beneficiary Sub-limit 21
21.1.4 HIV Counselling	100%	Limited to N\$1 100 per Beneficiary Sub-limit 21
21.1.5 Pathology Tests	100%	Sub-limit 21
21.1.6 HIV Resistance Test (Subject to prior approval)	100%	Sub-limit 21
21.2 Prevention of Mother-to-Child Transmission (PMTCT)	100%	Sub-limit 21 As per National Guidelines
21.3 Post-Exposure Prophylaxis (PEP)	100%	Sub-limit 21 As per National Guidelines
21.4 Pre-Exposure Prophylaxis (PrEP)	100%	Sub-limit 21 As per National Guidelines

Category B: Day-to-day Benefits	% NAMAF Tariff	OVERALL SUB-BENEFIT LIMIT Limited to N\$13 000 per Beneficiary Limited to N\$26 000 per Family Conditions: Sub-limits are pro-rated from date of joining, except optical benefit OVERALL ANNUAL LIMIT
22. General Practitioners & Specialists		Limited to N\$9 500 per Family Limited to N\$4 750 per Beneficiary
22.1 Consultations/Visits (out-of- hospital, including casualties)	100%	Limited to 16 Consultations per Family Limited to 8 Consultations per Beneficiary
22.2 Procedures/Services (Out-of- Hospital)	100%	Sub-limit 22
22.3 Materials and Disposable Items	100%	Sub-limit 22
22.4. Radiology & Pathology (including Radiography, Sonography, Medical Laboratory Technology and Chemical Biochemistry). (Referral from Medical Practitioner)	100%	Sub-limit 22
23. Dentistry		Limited to N\$3 700 per Family (excluding Orthodontics) Limited to N\$1 300 per Beneficiary (excluding Orthodontics)
23.1. Basic Dentistry (including Dental Therapy) (Check ups, X-rays, preventative treatment, removal of teeth, simple filling)	100%	Sub-limit 23
23.2. Specialised/Advanced Dentistry (Root canal treatment, plastic dentures, periodontal treatment crown & bridge work & metal & soft bases dentures)	100%	Sub-limit 23
23.3. Dental Implants (Consultation, Procedure and Implant Component)		No Benefit
23.4. Orthodontics		No Benefit
24. Medicine and Injections		
24.1 Acute Medicine Paid at Maximum Namibia Medicine Price List on Generics	90%	Limited to N\$12 700 per Family Limited to N\$6 300 per Beneficiary
24.2 Chronic Medicine Paid at Maximum Namibia Medicine Price List on Generics	100%	Limited to N\$12 700 per Family Limited to N\$6 300 per Beneficiary
24.3 Chronic Medicine (Pensioners) Paid at Maximum Namibia Medicine Price List on Generics	100%	Limited to N\$12 700 per Family Limited to N\$6 300 per Beneficiary
24.4 Self-Medication (As per WHO Guidelines), Paid at Maximum Namibia Medicine Price List on Generics	100%	Sub-limit 24
24.5 Essential Vaccination/Immunisation (As per WHO Guidelines) Paid at Maximum Namibia Medicine Price List on Generics	100%	Limited to N\$420 per Family Limited to N\$75 per script per Beneficiary per day Sub-limit 24
25. Primary Health Care Services		
25.1 Consultations and Procedures	100%	Sub-limit 25
25.2 Medicine and Injections Paid at Maximum Namibia Medicine Price List on generics	100%	Sub-limit 24

26. Auxiliary Services (Supplementary Services)		Limited to N\$4 000 per Family Limited to N\$1 600 per Beneficiary
26.1 Appliances (External) (Subject to MHC guidelines)	100% of cost	Sub-limit 26
26.2 Art Therapy	100%	Sub-limit 26
26.3 Audiology/Speech Therapy	100%	Sub-limit 26
26.4 Biokinetics	100%	Sub-limit 26
26.5. Chinese Medicine		No benefit
26.6 Chiropractor 26.6.1 Consultation & Procedure 26.6.2 Medicine	100% 90%	Sub-limit 26 Sub-limit 24
26.7 Clinical Psychology/Psychological Counsellor	100%	Sub-limit 26
26.8 Clinical Technology	100%	Sub-limit 26
26.9 Dietician	100%	Sub-limit 26
26.10 Hearing Aid Acoustician	100%	Sub-limit 26
26.11 Homeopathy/Naturopathy/Phytotherapy 26.11.1 Consultation & Procedure 26.11.2 Medicine	100% 90%	Sub-limit 26 Sub-limit 24
26.12 Occupational Therapy	100%	Sub-limit 26
26.13 Orthotist/Prosthetist	100%	Sub-limit 26
26.14 Physiotherapy	100%	Sub-limit 26
26.15 Podiatry/Chiropody	100%	Sub-limit 26
26.16 Social Worker (Motivation required)	100%	Sub-limit 26
27. Wheelchair (Subject to prior approval) Inclusive of repair & maintenance	100% of cost	Limited to N\$2 650 per Beneficiary every 4 years
28. Hearing Aids Apparatus (Subject to prior approval) Inclusive of repair & maintenance	100% of cost	Limited to N\$15 000 per Beneficiary every 2 years
29. Medical Devices for Diabetes Management (Subject to prior approval and MHC Guidelines)		No benefit

30. Optical		Limited to N\$4 750 per Family Limited to N\$2 400 per Beneficiary every 2 years (including frames)
30.1 Eye Test	100%	Limited to one eye test per Beneficiary per annum Sub-limit 30
30.2 Contact lenses/Spectacle lenses	100% of cost	Sub-limit 30
30.3 Frame	100% of cost	Sub-limit 30
31. Health SmartCard	<p>No Additional Costs. Each Dependant will receive his/her own Smart-Card. Benefits can be verified at Service Providers 24/7.</p> <p>In case of Emergency, Member and Dependents can be identified without Health Smartcard. Next of Kin can be contacted immediately.</p>	



**The professional medical aid solution
for the financial services sector.**

Healthcare solutions that give you peace of mind.

HOSPITAL: Summary of Benefits

Overall Annual Benefit (Overall Annual Limit)		Unlimited Benefit
Category A: Hospitalisation Benefit	% NAMAF Tariff	Pre-authorisation: 100% of tariff will be paid out. Without pre-authorisation: No benefit will be paid out except in the case of emergency hospital admissions and emergencies after hours, weekends and public holidays. Sub-limits are not pro-rated. OVERALL ANNUAL LIMIT.
Additional Hospital Benefit Cover: GPs and Specialists In-hospital services are paid up to a MAXIMUM of 215% of NAMAF tariff		
1. Hospitalisation (Subject to pre-authorisation)		Overall Annual Limit
1.1 Accommodation & Theatre	100%	Sub-limit 1
1.2 Accommodation other than a recognised hospital or Medical Institution (subject to prior approval and accommodation expenses reimbursement policy)	100% of cost	Limited to N\$600 per day per Family (Maximum of 2 days) Sub-limit 1
1.3 Blood Transfusions	100%	Sub-limit 1
1.4 Intensive and High Care Maximum 3 days, then motivation	100%	Sub-limit 1
1.5 Medicine, fixed tariff procedures, hospital apparatus and to take out medicine (7 days supply only)	100%	Sub-limit 1
1.6 Radiology & Pathology (in-hospital) Additional hospital benefit cover excluded	100%	Sub-limit 1
1.7 Physiotherapy Additional Hospital Benefit Cover excluded	100%	Sub-limit 1
1.7.1 Physiotherapy (in-hospital)	100%	Sub-limit 1.7
1.7.2 Physiotherapy (post rehabilitation) Additional benefit once the patient is out-of-hospital (Subject to prior approval)	100%	Limited to N\$5 800 per Family (Benefit available within 3 months from hospital discharge); Sub-limit 1.7
2. Specialised Radiology Procedures (in/out of hospital) Additional Hospital Benefit Cover Excluded Referral from a medical specialist only (referral from GP acceptable in places where there is no medical specialist). (Subject to prior approval)		Overall Annual Limit
2.1 MRI & CT Scans	100%	Sub-limit 2
2.2 Nuclear Medicine	100%	Sub-limit 2
3. General Practitioners and Specialists (In-hospital services, procedures and operations)	100%	Overall Annual Limit
4. Internal Appliances & Materials (Subject to pre-authorisation)		Subject to Bankmed Namibia Internal Prosthesis Protocol Overall Annual Limit
4.1 Artificial Eyes	100% of cost	Limited to N\$ 16 430 per Beneficiary every 4 years; Sub-limit 4
4.2. Artificial Limb	100% of cost	Limited to N\$ 32 860 per Beneficiary every 4 years; Sub-limit 4

4.3 Other Internal Appliances & Materials	100% of cost	Sub-limit 4
5. Dialysis (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit
6. Oncology (All-inclusive In and Out of Hospital) (Subject to Case Management and MHC Guidelines)	100%	Limited to N\$ 750 000 per Beneficiary Overall Annual Limit
6.1 Consultations and Procedures	100%	Sub-limit 6
6.2 Hospitalisation	100%	Sub-limit 6
6.3 Radiation Oncology (Referral from medical specialist only)	100%	Sub-limit 6
6.4 Oncology Medication (Chemotherapy, Radiotherapy and Hormone Therapy)	100%	Sub-limit 6
7. Organ Transplant Including Immunosuppressant Drugs (Subject to Case Management and MHC Guidelines)	100%	Overall Annual Limit
8. Private Nursing (Subject to pre-authorisation)	100%	Limited to N\$33 250 per Family Overall Annual Limit
9. Frail Care/Hospice (Subject to pre-authorisation)	100%	Limited to N\$33 250 per Family Overall Annual Limit
10. Psychiatric Treatment - Hospitalisation (Subject to pre-authorisation) Referral from Psychiatrist only (Referral by GP acceptable in places where there is no Psychiatrist)	100%	Limited to N\$30 500 per Family Overall Annual Limit
11. Alcoholism and Drug Addiction (Subject to prior approval and MHC Guidelines)	100%	Sub-limit 10
12. Refractive Surgery (all-inclusive) (Subject to prior approval and MHC Guidelines)	100%	Limited to N\$30 000 per Beneficiary (once-off benefit) Overall Annual Limit
13. Phakic Implants (Lens Implant) (All-inclusive) (Subject to pre-authorisation)	100%	Limited to N\$34 750 per Beneficiary (once-off benefit) Overall Annual Limit
14. Re-constructive Surgery (Medical Necessity Only) (all-inclusive) (Subject to prior approval and strict MHC Guidelines)	100%	Overall Annual Limit
14.1 Consultation and Procedure	100%	Limited to N\$13 750 per Family; Sub-limit 14
14.2 Hospitalisation	100%	Sub-limit 14
15. Dental Surgery Additional Hospital Benefit Cover Excluded (Subject to pre-authorisation)		Overall Annual Limit
15.1. Dental Implants – Hospitalisation	100%	Limited to N\$9 500 per Beneficiary Limited to N\$16 750 per Family; Sub-limit 15
15.2 Maxillo-Facial & Oral Surgery (Elective & Non-Elective) Full procedure	100%	Limited to N\$133 250 per Family; Sub-limit 15
16. Maternity		Overall Annual Limit
16.1 Confinement Limited to 1 confinement per year for dependants other than the spouse. (Subject to pre-authorisation)	100%	Sub-limit 16

16.2 Ante-natal Consultation Additional Hospital Benefit Cover Excluded	100%	Limited to 12 consultations per Beneficiary (Pro-rated from date of joining); Sub-limit 16
16.3 Ante-natal / Post-natal Classes & Education Additional Hospital Benefit Cover excluded	100%	Limited to 6 consultations per Beneficiary per pregnancy (Pro-rated from date of joining); Sub-limit 16
16.4 Sonar Scans Additional Hospital Benefit Cover Excluded	100%	Limited to 3 scans per Beneficiary per pregnancy Overall Annual Limit Sub-limit 16
16.5 Tests for chromosomal and foetal abnormalities Additional Hospital Benefit Cover Excluded	100%	Sub-limit 16
16.6 Midwifery Service Additional Hospital Benefit Cover Excluded	100%	Sub-limit 16
17. Insertion of Intrauterine Device w/ Hormone (Mirena) (All-inclusive) (Subject to prior approval)	100%	Limited to N\$6 000 per Beneficiary
18. Stomalththerapy (All-inclusive) (Subject to Prior approval)	100%	Limited to N\$ 28 750 per Family Overall Annual Limit
19. Ambulance and Evacuation Services (Subject to Prior approval)		Overall Annual Limit
19.1 Emergency Ambulance & Flights (Subject to Prior approval)	100%	Unlimited
19.2 Ambulance/Inter-hospital transfer (Subject to prior approval)	100%	Sub-limit 19
19.3 Other Transport Transport benefit for medical services available only in RSA (Subject to prior approval)	80% of cost	Limited to N\$9 800 per Family Sub-limit 19
20. International Medical Travel Insurance - Medical cover when travelling to foreign countries - For emergency cases only (not for elective surgery or procedure)	100% of cost	N\$10 000 000 per incident
21. Specified Illness Conditions (Subject to pre-authorisation)		Limited to N\$33 250 per Beneficiary Overall Annual Limit
21.1 HIV/AIDS (As per National Guidelines for Antiretroviral Therapy)		Sub-limit 21
21.1.1 Medicine Paid at Maximum Namibia Medicine Price List on Generics	100%	Sub-limit 21
21.1.2 First Full HIV Consultation/Assessment	N\$440	Once-off benefit Sub-limit 21
21.1.3 Consultation (after the first full HIV Consultation/ Assessment)	N\$405	Limited to 6 consultations per Beneficiary Sub-limit 21
21.1.4 HIV Counselling	100%	Limited to N\$1 300 per Beneficiary Sub-limit 21
21.1.5 Pathology Tests	100%	Sub-limit 21
21.1.6 HIV Resistance Test (Subject to prior approval)	100%	Sub-limit 21
21.2 Prevention of Mother-to-Child Transmission (PMTCT)	100%	Sub-limit 21 As per National Guidelines

21.3 Post-Exposure Prophylaxis (PEP)	100%	Sub-limit 21 As per National Guidelines
21.4 Pre-Exposure Prophylaxis (PrEP)	100%	Sub-limit 21 As per National Guidelines
22. Wheelchair (Subject to prior approval) Inclusive of repair & maintenance	100% of cost	Limited to N\$13 250 per Beneficiary every 4 years Overall Annual Limit
23. Appliances (External) (Subject to MHC guidelines)	80%	Limited to N\$4 500 per family Overall Annual Limit
24. Hearing Aids Apparatus (Subject to prior approval) Inclusive of repair & maintenance	100% of cost	Limited to N\$30 000 per Family every 2 years Overall Annual Limit
25. Medical Devices for Diabetes Management (Subject to prior approval and MHC Guidelines)		No Benefit

Category B: Day-to-day Benefits	% NAMA Tariff	N\$5 000 per Beneficiary per Annum N\$10 000 per Family per annum. OVERALL ANNUAL LIMIT Benefits are prorated from Date of Joining Ex Gratia not Applicable
26. General Practitioners & Specialists 26.1 Consultations/Visits 26.2 Procedures/Services 26.3 Materials and Disposable Items 26.4. Radiology & Pathology	100%	Paid from Day to Day Pooled Benefit
27. Dentistry 27.1. Basic/Conservative Dentistry 27.2. Specialised/Advanced Dentistry	100%	Paid from Day to Day Pooled Benefit
27.3. Dental Implants 27.3.1 Consultation and Procedure 27.3.2 Implant Component		No Benefit
27.4. Orthodontics		No Benefit
28. Medicine and Injections 28.1 Acute Medicine 28.2 Chronic Medicine	80%	Paid from Day to Day Pooled Benefit Paid at Maximum Namibia Medicine Price List on generics
28.3 Chronic Medicine (Pensioners)	100%	Paid from Day to Day Pooled Benefit Paid at Maximum Namibia Medicine Price List on generics
28.4 Self-Medication	100%	Paid from Day to Day Pooled Benefit Paid at Maximum Namibia Medicine Price List on generics
28.5 Essential Vaccination/Immunisation (As per WHO Guidelines) Paid at Maximum Namibia Medicine Price List on Generics	100%	Paid from Day to Day Pooled Benefit Paid at Maximum Namibia Medicine Price List on generics
29. Primary Health Care Services	100%	Paid from Day to Day Pooled Benefit
29.1 Consultations	100%	Paid from Day to Day Pooled Benefit
29.2 Medicine and Injections	80%	Paid from Day to Day Pooled Benefit Paid at Maximum Namibia Medicine Price List on generics

30. Auxiliary Services (Supplementary Services)		Paid from Day to Day Pooled Benefit
30.1 Art Therapy (subject to MHC guidelines)	100%	
30.2 Audiology/Speech Therapy	100%	
30.3. Biokinetics	100%	
30.4. Chinese Medicine		No benefit
30.5 Chiropractor 30.5.1 Consultation & Procedure	100%	Paid from Day to Day Pooled Benefit
30.5.2 Medicine	100%	
30.6 Clinical Psychology/Psychological Counsellor	100%	
30.7 Clinical Technology	100%	
30.8 Dietician	100%	
30.9 Hearing Aid Acoustician	100%	
30.10 Homeopathy/Naturopathy/Phytotherapy 30.10.1 Consultation & Procedure	100%	
30.10.2 Medicine	100%	
30.11 Occupational Therapy	100%	
30.12 Orthotist/Prosthetist	100%	
30.13 Physiotherapy	100%	
30.14 Podiatry/Chiropody	100%	
30.15 Social Worker	100%	
31. Optical	100%	Limited to N\$4 750 per Family Limited to N\$2 400 per Beneficiary every 2 years (including frames) (2019/2020) Paid from Day to Day Pooled Benefit
31.1 Eye Test	100%	Paid from Day to Day Pooled Benefit
31.2 Contact lenses/Spectacle lenses	100%	
31.3 Frame	100%	
32. Health SmartCard	No Additional Costs. Each Dependant will receive his/her own SmartCard. Benefits can be verified at Service Providers 24/7. In case of Emergency, Member and Dependants can be identified without Health Smartcard. Next of Kin can be contacted immediately.	

Category C: Additional Fund Benefits (Day-to-day expenses)	% NAMAF Tariff	BENEFIT BOOSTER Benefits available only once day-to-day benefit claims paid from Day-to-Day Pooled Benefit (Category B) plus rejected day to day claims exceed 35% of the annual premium. Calculated according to NAMAF Tariff Amount and not Claimed Amount.
33. Benefit Booster Applicable if Medicine & Injections, Dentistry, GP's and Specialists, Primary Health Care and Auxiliary Services benefits are depleted		Limited to N\$6 000 per Family Limited to N\$3 250 per Beneficiary
33.1 Medicine & Injections (Acute and Chronic) Excluding Self-Medication	70%	Sub-limit 33
33.2 Medicine & Injections (Chronic Pensioner)	90%	Sub-limit 33
33.3 Dentistry (Excluding Dental Implants and Orthodontic)	70%	Sub-limit 33
33.4 General Practitioners & Specialists (Consultations/Visits and Procedures/Services out-of-hospital, including casualties)	80%	Sub-limit 33
33.5 Primary Health Care	80%	Sub-limit 33
33.6 Auxiliary Services	70%	Sub-limit 33

Contribution Tables

1. The Member's portion and the Recognised Institution's portion of the subscriptions as shown above is payable monthly in advance and shall be paid to the FUND by not later than the seventh day of the month in respect of which they are due.
2. If a PRINCIPAL MEMBER's SUBSCRIPTIONS are in arrears for more than 7 (seven) days, the FUND will impose interest at the current prime rate (according to the Fund's bankers) minus 5% per annum, on the subscription payable in the month thereafter for as long as the contribution is outstanding.
3. If a PRINCIPAL MEMBER's SUBSCRIPTIONS are in arrears for more than 30 (thirty) the BENEFITS of such PRINCIPAL MEMBER shall be suspended pending full payment of all arrear SUBSCRIPTIONS.
4. PENSIONER CONTRIBUTIONS - Upon retirement, the member's premium will be calculated in accordance with Table A, C and E based on 60% of the member's last basic salary paid by the member's employer.

ESSENCE

Income Band		Family Structure		
From	To	Member	Adult	Child
0	2 860	1 892	1 520	332
2 861	3 690	2 022	1 627	354
3 691	4 770	2 165	1 730	375
4 771	5 610	2 650	2 113	456
5 611	7 530	2 859	2 299	493
7 531	9 450	3 054	2 452	533
9 451	14 060	3 219	2 577	562
14 061	18 780	3 368	2 704	595
18 781	23 540	3 527	2 830	617
23 541	28 290	3 671	2 943	644
28 291	37 540	3 708	2 979	648
37 541	46 700	3 747	3 006	658
46 701	>	3 792	3 027	670

CARE

Income Band		Family Structure		
From	To	Member	Adult	Child
0	4 770	599	479	120
4 771	5 610	1 252	1 000	251
5 611	7 530	1 433	1 150	287
7 531	9 450	1 578	1 268	316
9 451	14 060	1 665	1 338	334
14 061	>	1 756	1 411	353

PRIME

Income Band		Family Structure		
From	To	Member	Adult	Child
0	2 860	1 358	1 168	254
2 861	3 690	1 452	1 249	272
3 691	4 770	1 554	1 328	287
4 771	5 610	1 903	1 623	350
5 611	7 530	2 053	1 765	378
7 531	9 450	2 193	1 883	409
9 451	14 060	2 311	1 978	430
14 061	18 780	2 419	2 077	457
18 781	23 540	2 533	2 172	474
23 541	28 290	2 637	2 259	495
28 291	37 540	2 663	2 287	498
37 541	46 700	2 691	2 308	505
46 701	>	2 724	2 325	514

HOSPITAL

Income Band		Family Structure		
From	To	Member	Adult	Child
0	2 860	1 333	1 072	249
2 861	3 690	1 416	1 140	261
3 691	4 770	1 508	1 205	276
4 771	5 610	1 837	1 465	335
5 611	7 530	1 984	1 594	364
7 531	9 450	2 112	1 696	389
9 451	14 060	2 222	1 781	414
14 061	18 780	2 325	1 866	441
18 781	23 540	2 431	1 950	459
23 541	28 290	2 528	2 026	480
28 291	37 540	2 551	2 049	482
37 541	46 700	2 576	2 066	490
46 701	>	2 603	2 079	502

Emergency Numbers

Ambulance Service Name	Town / Area	Contact Number
AEMS Ambulance Services	Windhoek & Surrounding Areas	081 963 061 300 118
City of Windhoek Emergency Services	Windhoek & Surrounding Areas	061 211 111
Crises Response	Windhoek & Long-Distance Countrywide	081 881 8181, 061 303 395, 083 3912
E-Med Rescue 24	All major centres	081 924, 083 924, 061 411 600, Toll free 924
Emergency Assist 991	Okahandja	081 128 8903 Toll free 987
Intensive Therapy Unit Ambulance Services	Eenhana and Long-Distance Countrywide	081 444 7807
International SOS Namibia	International travel only	061 289 0999 081 129 3137
Lifelink Emergency Services	All major centres & Air Ambulance Evacuation Countrywide	999 (landline), 085 900 (cell), 064 500346
MR 24/7	Windhoek, Otjiwarongo, Tsumeb & Mercy Flights Countrywide	085 956, 061 255 676, 081 257 1810
Namibia Private Ambulance Services	Outapi, Ongwediva, Rundu, Ondangwa & Long-Distance Countrywide	081 9696
Ohangwena Private Ambulance Services	Grootfontein, Windhoek, Katima & Tsumeb	081 9797, 081 571 2695, 067 241 091
Ondangwa Ambulance Services	Ondangwa and Countrywide	081 902 00, 081 237 5437
Roshcare Clinic Ambulance Services	Rosh Pinah	063 274 911, 063 274 918, 081 161 8734
St. Gabriel Community Ambulance Trust	Coast (Arandis, Walvis Bay, Swakopmund and Henties Bay)	085 955, 081 124 5999
Outapi Ambulance	Outapi, Oshakati & Surrounding Areas	065 251 022, 061 251 800
Rosh Pinah Clinic Ambulance Service	Rosh Pinah and Oranjemund	063 274 918
Code Red Medical Services	Coast (Arandis, Walvis Bay, Swakopmund & Henties Bay) or as per request	085 9900 085 705 8940 (from cell)
Okahandja Paramedical Services	Okahandja & Surrounding Areas	081 987

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